

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 471 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, and must furnish it to the Bureau for the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 18/87

Full Name of Deceased, Alfred Swann

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 62 Years, 1 Month, 9 Days.

Color, White

Married, Single, Widow or Widower, Single

Cross out the words not required in this line.

Occupation, Builder

Birth Place, City, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 618 Barn St

Cause of Death, Hypertrophied Heart
Pulmonary Oedema

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 20/87

Undertaker, Turner & Sons, 618 Bla

Place of Business, 221 Eutaw St Address, 618 Paca St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A-472 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Ellsworth Beimwella

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

9

Months,

8

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Eng

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1102 Warren St

Quinton

Cholera Infarction

4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 21st 1887

{ Undertaker, Ernest Schloesser M. D. Medical Attendant.

{ Place of Business, 1039 Hanover Address, 602 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

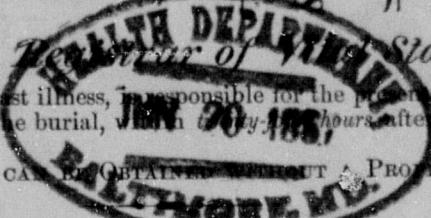
Permit No. A 473

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1887
Baltimore

CERTIFICATE OF DEATH.

Date of Death,

June 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

William D. Northern

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 68 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Queen Anne's Co Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

50 yrs

Place of Death, { Give Street and Number. }

107 Huguenot

Cause of Death, { First (Primary), Second (Immediate), }

Cerebral Spoplexy

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 20 1887

H. W. Webster

M. D.

Medical Attendant.

{ Undertaker, B. Hale }

{ Place of Business, 115 West St. }

Address,

106 15th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

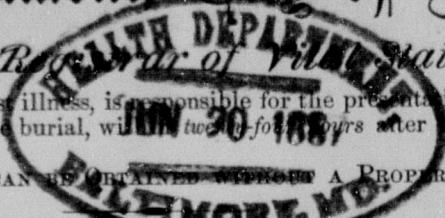
[over.]

Health Department, City of Baltimore.

Permit No. A 474 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Burns

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7

Months, 11

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt. 7nd

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

45 Williamson st
Preservation

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1887

{ Undertaker, Edward Harle

{ Place of Business, #115 Market

H. W. Wheeler

M. D.

Medical Attendant.

Address, 106 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A 475

Office of Registrar of Vital Statistics.

Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



9X

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Stevens

Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years, 19

Months,

Days.

Color,

White -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Baltimore.

Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Murphy & Child's Hospital

Mal-Nutrition -

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

Unknown - In hospital since

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 20th

{ Undertaker, C. H. Blizzard }

{ Place of Business, 16. 10th Avenue, Address, Baltimore, Md. }

C. H. Brown

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

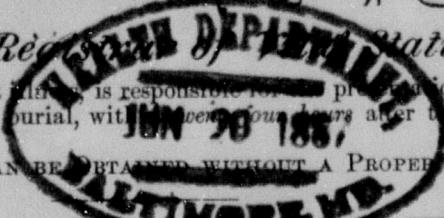
[OVER.]

Health Department, City of Baltimore.

Permit No. A 476 Office of Registration and Statistics. Ward 17

The Physician who attended any person in a last sickness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ellenora Schuman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

During Life

Place of Death, { Give Street and Number. }

506 Foot av

Cause of Death, { First (Primary),
Second (Immediate), }

Cadet Fever

Cerebro-Spinal - Meningitis

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20 87

Undertaker, Anthony Drury

Place of Business, No 26 Light

Dr. Cooke

M. D.

Medical Attendant.

104 Foot av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. ~~A 477~~

Office of Registrar of Vital Statistics.

Ward ~~14~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. R. Rongie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, 17 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Com. Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give Street and Number. } 1009 Hopkins Ave

Cause of Death, First (Primary), Bright's Disease

Cause of Death, Second (Immediate), Dema

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Colle Co. Va.

Date of Burial, June 21, 1887

{ Undertaker, Denby & Mitchell }

{ Place of Business, 1201 W. Fayette }

J. M. Hanesley M. D.
Medical Attendant.

Address, 1002 Edmundson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4719 Hanselet

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 478 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Moynagh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 918 Forest St

Cause of Death, { First (Primary), Apoplexy
Second (Immediate), Exhauſion }

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co Md

Date of Burial, June 20 God B Reynolds

M. D.

Medical Attendant.

{ Undertaker, H. C. Wildfield

Place of Business, 916 Greenmt Address, 718 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4780 Transct

The special attention of Physicians is respectfully invited to the remarks below, and to cause of disease on back of this certificate.

Health Department City of Baltimore.

Permit No. A 479 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT THIS CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 19th 1887 - 11 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hodges

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 24 W. Preston St.

Cause of Death, { First (Primary), Acute Malaria
Second (Immediate), Exhaustion & cerebral effusion }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 22/87 Undertaker, Claude Van Biblio M.D.

Medical Attendant.

Place of Business, 925 Madison Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

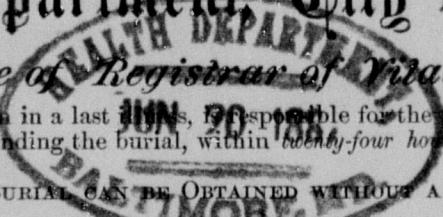
Permit No. A 480

Office of Registrar of Vital Statistics.

Ward 6²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Johanna M. Gerhard

Sex, Male or Female, { Cross out the word not required in this line }

Female

Age, Eighteen (18) Years,

Months, Twenty One (21) Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Single

Occupation,

house

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number }

NO. 1752 N. Gay St.

Cause of Death, { First (Primary),

Consumption

Second (Immediate),

Duration of Last Sickness,

Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21, 1887

Undertaker, Geo Chilling

Wm H. Glendinen, M. D.
Medical Attendant

Place of Business, Ashland Squar

Address, No 418 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]